

Full Study Recruitment Online Script

Acronym Dictionary

NA = Not applicable

GTYPE = 1 GPS SAMPLE

GTYPE = 2 Non-GPS SAMPLE

GTYPE = 3 REFUSED or DQ from
GPS

GFLAG = 1 Wearable

GFLAG = 2 In-Vehicle

GFLAG=3 In-Vehicle OBD

AGE18

Hi! Thank you for participating in the California Household Travel Survey. The study is being conducted on behalf of the California Department of Transportation in cooperation with local transportation planning organizations, who are concerned about improving transportation in your area.

“The California Department of Transportation (Caltrans) is the state [government](#) agency responsible for maintaining the state’s transportation infrastructure and improving mobility across California. It manages the [highway system](#) (which includes the [California Freeway and Expressway System](#)) and is actively involved with [public transportation](#) systems throughout California. The department headquarters is in [Sacramento](#).”

Please confirm that you are at least 18 years of age or older.

- 1 Yes, I am 18 or older → CONTINUE
- 2 No I am not 18 or older → TERMINATE

INT

This survey needs to be completed by someone at least 18 years of age. If no one in your household at least 18 years of age is currently available, please log back in at a later time. Thank you!

Please press next to exit the survey.

CADDR

Before beginning the survey, please verify your address is still [ADDRESS].

[PROGRAMMER NOTE: DISPLAY ADDRESS HERE]

- 1 Yes, this is my address. → CKFIP
- 2 No, this is not my current address. → HADDR

HADDR

Please enter your current physical address.
(HADDR) Street Address:

(HSUIT) Suite:
(HCITY) City:
(HSTAT) State:
(HZIP) Zip Code:

2.0 Screener Questions

CKFIP Next, we need to verify your county of residence. Do you live in <CTFIP> county?

- 1 Yes→HHSIZ
- 2 No
- 8 I do not know
- 9 I prefer not to answer

CTFIP [IF CKFIP=2,8,9] In which county do you live?

- 06001 Alameda
- 06003 Alpine
- 06005 Amador
- 06007 Butte
- 06009 Calaveras
- 06011 Colusa
- 06013 Contra Costa
- 06015 Del Norte
- 06017 El Dorado
- 06019 Fresno
- 06021 Glenn
- 06023 Humboldt
- 06025 Imperial
- 06027 Inyo
- 06029 Kern
- 06031 Kings
- 06033 Lake
- 06035 Lassen
- 06037 Los Angeles
- 06039 Madera
- 06041 Marin
- 06043 Mariposa
- 06045 Mendocino
- 06047 Merced
- 06049 Modoc
- 06051 Mono
- 06053 Monterey
- 06055 Napa
- 06057 Nevada
- 06059 Orange
- 06061 Placer
- 06063 Plumas
- 06065 Riverside

06067 Sacramento
 06069 San Benito
 06071 San Bernardino
 06073 San Diego
 06075 San Francisco
 06077 San Joaquin
 06079 San Luis Obispo
 06081 San Mateo
 06083 Santa Barbara
 06085 Santa Clara
 06087 Santa Cruz
 06089 Shasta
 06091 Sierra
 06093 Siskiyou
 06095 Solano
 06097 Sonoma
 06099 Stanislaus
 06101 Sutter
 06103 Tehama
 06105 Trinity
 06107 Tulare
 06109 Tuolumne
 06111 Ventura
 06113 Yolo
 06115 Yuba
 99997 Other Not in California → TERMINATE Code as Moved QM
 99998 I do not know → INT
 99999 I prefer not to answer → INT

INT If CTFIP= DK or RF We ask for this information because we want to make sure that households from across the State of California participate in the survey. We certainly understand your reluctance to provide this information, but you can be assured that your information will be held in the strictest of confidence and used for transportation planning purposes only. If you do not feel comfortable providing your county of residence, we will have to end the survey. Thank you!

OK I would like to provide this information. → CTFIP

QA I would like to exit the survey. → TERMINATE

INT If CTFIP=99997 Thank you for your time, but we are only attempting to survey households who currently live in the State of California. Have a nice day.

QM MOVED OUT OF STATE OF CALIFORNIA → Terminate exit survey

HHSIZ The next set of questions will ask some basic questions about your household to make certain all types of households are represented in this study. Each **person who lives in your home will be asked to record his or her travel and activities on <ASSN> for a 24 travel period in a travel diary we will mail to you.** We will also include a log to record long-distance trips. Both items will be mailed to you

following completion of this survey. Rest assured, all data will be kept strictly confidential and will be used only for research purposes. Even if your household does not travel on this day.....

How many people, including yourself, live in your home?

Please include foster children, roommates, and/or housemates. Do not include college students away at school or people who live at another place most of the time.

We ask this question because it helps us make sure that we include all types of households in your area. We understand your concerns regarding this question, but this information helps transportation planners understand the relationship between the number of people in a household and the number of trips they make. Without this information, your household will not be eligible to participate in this survey. [RANGE: 1-15]

Please enter the number of people living in your home.

98 I do not know → INT

99 I prefer not to answer → INT

INT05 We ask for this information because we want to make sure that all types of California households participate in the survey. We certainly understand your reluctance to provide this information, but you can be assured that your information will be held in the strictest of confidence and used for transportation planning purposes only. If you do not feel comfortable providing this information, we will have to end the survey. Thank you!

OK I would like to provide this information. → HHSIZ

QP I would like to exit the survey. → TERMINATE

HHWRK Of all the people in your household, how many are employed full-time or part-time in paid working positions? [RANGE: 0-15]

98-I do not know-INT13

99-I prefer not to answer-INT13

PROGRAMMER NOTE: SET A TERMINATION ALGORITHM TO TERMINATE 50% OF ZERO WORKER HOUSEHOLDS
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INT12 We certainly appreciate your willingness to participate in the survey. However, at this time, we have a sufficient number of households in our survey sample that are comprised of individuals in this category of workers and household members. Thank you!

Please press 'NEXT' to exit the survey.

QW- TERMINATED-NONWORKER

INT13 We ask for this information because we want to make sure that all types of California households participate in the survey. We certainly understand your

reluctance to provide this information, but you can be assured that your information will be held in the strictest of confidence and used for transportation planning purposes including public transit. If you do not feel comfortable providing this information, we will have to end the survey.

OK- I would like to provide this information-HHWRK

QH- I would like to exit the survey-END

STOP

(IF HHWRK>HHSIZ) We're sorry, but there seems to be an error. You just recorded having <HHWRK>, but reported earlier having only <HHSIZ> in the household.

Which number should be corrected?

1-Correct the number of workers

2-Correct the number of household members

RIBUS

Do you or any members of your household use transit at least once a week?

1 Yes

2 No

8 I do not know

9 I prefer not to answer

AAGE2

Is there at least one person in your household who is between the ages of 16 and 75?

1 Yes

2 No → [TERMINATE HOUSEHOLD FROM GPS SAMPLE AND USE RANDOM NUMBER GENERATOR TO TERMINATE 2 OUT OF EVERY 3 HOUSEHOLDS [CODE AS QE]

8 I do not know → [TERMINATE HOUSEHOLD FROM GPS SAMPLE]

9 I prefer not to answer → [TERMINATE HOUSEHOLD FROM GPS SAMPLE]

INT06

[IF AAGE2=2] We certainly appreciate your willingness to participate in the survey. However, at this time, we have a sufficient number of households in our survey sample that are comprised of individuals in this age category. Thank you!

Please press 'NEXT' to exit.

QE-SENIOR ONLY RANDOM DISQUALIFICATION

HHVEH

How many motor vehicles are owned, leased, or available for regular use by the people who currently live in your household? Please be sure to include motorcycles, mopeds, and RVs. [RANGE: 0-15]

Please enter the number of vehicles. (if>0 AND <98, skip to VEHOP)

98 I do not know-INT11

99 I prefer not to answer-INT11

INT11

We're sorry, but transportation planners need to know the number of vehicles available to a household to understand how and why people make trips. Without this information, your household is not eligible to participate in this study.

Please enter the number of vehicles are in your household.

OK-I would like to provide this information.

QV-I would like to exit the survey.

HHNOV [IF HHVEH = 0] Please let us know the reasons why you/your household does not own a motor vehicle.

Select all that apply.

- 01 Do not need a car – I can do what I need without a motor vehicle-HHBIC
- 02 Too expensive to buy-HHBIC
- 03 Too expensive to maintain (gas / insurance / repairs) -HHBIC
- 04 Health / Age related reasons-HHBIC
- 05 Cannot get insurance-HHBIC
- 06 Concerned about impact on environment-HHBIC
- 07 Get rides from other people-HHBIC
- 08 No place to park-HHBIC
- 09 Use public transit/car share/bike/walk - HHBIC
- 10 No driver's license – HHBIC
- 11 Cannot Drive
- 12 Other - HHBIC
- 98 I do not know-HHBIC
- 99 I prefer not to answer-HHBIC

VEHOP [IF HHVEH>0] How many of these vehicles are operational and used regularly during the week? [RANGE: 1-15]

Please enter the number of operational vehicles. →VCHK1

98 I do not know → INT11

99 I prefer not to answer → INT11

[PROGRAMMER NOTE: IF = 0, UPDATE TO GTYPE =3 IF GPS SAMPLE
OR SKIP TO HHBIC IF GTYPE = 2]

[PROGRAMMER NOTE: IF HHVEH < VEHOP →VCHK1

VCHK1 ERROR TEXT

We're sorry, but there seems to be an error. You just recorded having <VEHOP:C> working vehicles, but reported earlier having only <HHVEH:C> vehicles. Which number should be corrected?

- 1 I would like to go back and review the number of household vehicles I reported.→HHVEH
- 2 I would like to go back and review the number of operational vehicles I reported.→VEHOP

INT11 We're sorry, but transportation planners need to know the number of vehicles available to a household to understand how and why people make trips. Without this information, your household is not eligible to participate in this study.

Please enter the number of vehicles your household uses on a regular basis during the week.

OK I would like to provide this information. → VEHOP

QV I would like to exit the survey. → TERMINATE

VEHPR VEHPR AND VEDTE ASKED OF GPS SAMPLE ONLY IF GTYPE>1, SKIP TO HHBIC [RANGE: 1-15]

[IF GFLAG=2 or 3 AND VEHOP>0] Of the vehicles that are operational and used by your household on a regular basis during the week, how many have a working power outlet or cigarette lighter socket?

PROGRAMMER NOTE: IF VEHOP < VEHPR → VCHK2

Please enter the number of operational vehicles with a working power outlet or cigarette lighter socket. (IF ZERO, UPDATE GTYPE → 3

98 I do not know → UPDATE TO GTYPE = 3

99 I prefer not to answer → UPDATE TO GTYPE = 3

VCHK2 ERROR TEXT

We're sorry, but there seems to be an error. You just recorded having <VEHPR.C> working vehicles with a working power outlet or cigarette lighter socket, but reported earlier having only <VEHOP.C> total vehicles. Which number should be corrected?

1 I would like to update the information I provided earlier regarding the number of operational vehicles regularly available to my household.

2 I would like to update the information I provided earlier regarding the number of operational vehicles regularly available to my household with a working power outlet or cigarette lighter socket.

VEDTE [IF GFLAG= 3 AND VEHPR>0] And of these vehicles that have a working power outlet or cigarette lighter socket, how many are model years of 1996 or newer? [RANGE: 1-15]

PROGRAMMER NOTE: IF VEDTE > VEHPR → VCHK3

Please enter the number of operational vehicles with a working power outlet or cigarette lighter socket with model years of 1996 or newer. → HHBIC IF ZERO, UPDATE GTYPE → 3

98 I do not know → UPDATE TO GTYPE = 3

99 I prefer not to answer → UPDATE TO GTYPE = 3

VCHK3

ERROR TEXT

We're sorry, but there seems to be an error. You just recorded that you have <VEDTE> vehicles with working power outlets or cigarette lighter sockets and are model years of 1996 or newer, but reported earlier having only <VEHPR> vehicles with working power outlets or cigarette lighter sockets. Which number should be corrected?

- 1 I would like to update the information I provided earlier regarding the number of operational vehicles regularly available to my household with a working power outlet or cigarette lighter socket.
- 2 I would like to update the information I provided earlier regarding the number of operational vehicles regularly available to my household with a working power outlet or cigarette lighter socket and that are model years of 1996 or newer.

HHBIC

And how many bicycles in working condition are available to people in your household? [RANGE: 0-15]

Please enter the number of bicycles.

98 I do not know

99 I prefer not to answer

INT10

Thank you. We asked these questions to help us to make sure that all types of households are represented in this study. An important part of this study is to understand why, when, and where people travel in California. To do this, we are asking households to record their travel and activities for a 24-hour period on <DAY AND DATE>. If you are willing to participate, we will ask you some more questions about your household and household members today. Then, we will mail a personal Travel Diary for each person in your household so everyone can record where they go, how they travel, and what they do on your assigned travel day.

We will also mail one Long-Distance Travel Log, for your entire household, to record any additional trips made to locations over 50 miles away from your home.

All of the information you provide will be used for travel, fuel use, and air quality research purposes only and will be held in strict confidence.

Please press 'NEXT' to continue.

3.0 Vehicle Roster

VEHNO

System Variable/VEHICLE NUMBER

CAR

(VEHOP=1) Now we have some questions about your <VEHOP> operational vehicle.

CARS (VEHOP>1)Now we have some questions about each of your <VEHOP> operational vehicles. We will start with the vehicle that you drive the most.

YEAR What is the year of this vehicle?

Please enter the year of this vehicle: _ _ _ _ [NOTE: FOUR DIGITS FOR YEAR, RANGE: 1930-2013]

9998 I do not know

9999 I prefer not to answer

MAKE What is the make or manufacturer of this vehicle? [e.g. **Honda**]

Note: Please scroll down to see the complete list

[PROGRAMMER NOTE: PLEASE USE MOST UPDATED LIST]

97 Other, Specify

98 I do not know

99 I prefer not to answer

MODELX What is the model of this vehicle? [e.g. Honda **Civic**]

[PROGRAMMER NOTE: PLEASE USE MOST UPDATED LIST]

9997 Other, Specify in next question (MODEL)

9998 I do not know

9999 I prefer not to answer

SERIES What is the series of this vehicle? [e.g. Honda Civic **Si**]

[PROGRAMMER NOTE: PLEASE USE MOST UPDATED LIST]

Please the enter series of this vehicle.

000000 No Series

999997 Other, Specify

999998 I do not know

999999 I prefer not to answer

BODY What is the body type of this vehicle?

01 Sedan (4-Door)

02 SUV

03 Pick-up truck

04 Coupe (2-Door)

05 Convertible

06 Hatchback

07 Wagon

- 08 Minivan
- 09 Van
- 10 Other kind of truck
- 11 Recreational vehicle
- 12 Motorcycle [PROGRAMMER NOTE: AUTOFILL]
- 13 Moped / Scooter (for example, Vespa)
- 97 Other (please specify the body type such as watercraft, crossover, etc.)
- 98 I do not know
- 99 I prefer not to answer

VEHTRN [IF BODY <12] Is the transmission manual or automatic?

- 1- Automatic
- 2- Manual
- 3- Both automatic and manual options (e.g. Tiptronic)
- 8- I do not know
- 9- I prefer not to answer

VEHDRT [IF BODY<12] What kind of drive/power train does it have? Is it...

- 1 Front wheel drive
- 2 Rear-wheel drive
- 3 Four-wheel drive (all-wheel drive)
- 7 Other, please specify
- 8 I do not know
- 9 I prefer not to answer

VEHCYL [IF BODY<12 How many cylinders does this vehicle have? Is it a...cylinder?

- 1 two
- 2 four
- 3 five
- 4 six
- 5 eight
- 6 ten
- 7 twelve
- 97 other, please specify
- 98 i do not know
- 99 i prefer not to answer

VEHOUT [IF BODY <12] How close is the nearest electrical outlet to where the vehicle is usually parked when you are at home?

Please record the distance in feet: _____

9000 There is no outlet → VEHT

9998 I do not know
9999 I prefer not to answer

VEHVLТ Is that a 110 or 220 volt outlet?

- 1 Standard 110 volt (Outlet for small appliances, lamps, etc)
- 2 220 volt (Round outlet for large appliances such as washing machines, dryers, refrigerators, etc)
- 8 I do not know
- 9 I prefer not to answer

VEHT Is this vehicle:

- 1 Hybrid Vehicle → FUELТ [PROG: SHOW ALL]
- 2 Gasoline Only Vehicle → FUELТ=1
- 3 Diesel Only Vehicle → FUELТ [PROG: SHOW ONLY CHOICES 2 & 5]
- 4 Plug In Hybrid Electric Vehicle → FUELТ [PROG: SHOW ALL]
- 5 CNG → FUELТ=4
- 6 Electric Only → FUELТ=3
- 7 OTHER → FUELТ [PROG: SHOW ALL]

FUELТ What type or types of fuel does this vehicle use?

Select all that apply.

- 1 Gasoline
- 2 Diesel
- 3 Electric / Electric Battery
- 4 CNG - Natural Gas
- 5 Biofuel, Ethanol, Biodiesel
- 7 Other (please specify fuel type)
- 8 I do not know-CIGLT
- 9 I prefer not to answer-CIGLT

CIGLT [IF GTYPE=1 and GFLAG=2 or 3] Does this vehicle have a working power outlet or cigarette lighter?

- 1 Yes
- 2 No
- 8 I do not know
- 9 I prefer not to answer

VEHAQ When your household acquired this vehicle, was it new or used?

- 1 New
- 2 Used
- 8 I do not know
- 9 I prefer not to answer

VEHOWN Is this vehicle owned, leased, or borrowed?

- 1 Owned by a household member
- 2 Leased by a household member
- 3 Owned or leased by my employer / company
- 4 Borrowed (owned or leased by a person not living in my household)
- 7 Other (please specify)
- 8 I do not know
- 9 I prefer not to answer

VEHINS Do you have Pay-As-You-Drive auto insurance for this vehicle?

Pay-As-You-Drive means that your vehicle's insurance premium is on a per mile basis directly related to how many miles it is driven.

- 1 Yes
- 2 No →GO TO NEXT VEHICLE (IF VEHNO<VEHOP), ELSE VEHNEW 8 I do not know
- 9 I prefer not to answer

VEHOBD Does this vehicle have any devices provided by your insurance company to detect the mileage driven?

- 1 Yes [IF GTYPE=1 and GFLAG=3 (OBD SAMPLE), UPDATE TO GFLAG = 2]
- 2 No
- 8 I do not know
- 9 I prefer not to answer

PROGRAMMER NOTE: SHOW MATRIX ON SCREEN—SHOW VEH1...ON ONE SCREEN

PROGRAMMER NOTE: ASK VEHNO THROUGH VEHOBD SKIP TO VEHNEW IF HHVEH = 0

PROGRAMMER NOTE: WHEN DONE WITH VEHICLE ROSTER, ASK VEHNEW AND BUYER ONCE OF EACH HH

VCONFIRM This is the information we have for this vehicle-

<YEAR> <MAKE> <MODEL>

Is this correct?

Yes-VEHNEW

No-YEAR for the current row

VEHNEW Do you or does anyone in your household plan on buying or leasing a new or used vehicle within the next five years?

- 1 Yes
- 2 No →RETY

- 8 I do not know →RESTY
- 9 I prefer not to answer →RESTY

BUYER Who would be responsible for the purchase or lease of the vehicles you plan to obtain?

[PROGRAMMER NOTE: ONLY ALLOW UP TO 3 SELECTIONS]

Please select all that apply.

- 01 Self
- 02 Spouse / Partner
- 03 Child / Daughter / Son / Adopted child / Stepchild / Son-in-law / Daughter-in-law
- 08 Other relatives
- 09 No Relation / housemate / roommate / foster child
- 99 I prefer not to answer

4.0 Household Roster, Part 1

RESTY Which one of the following best describes your home?

- 01 Single-family house not attached to any other house
- 02 Single-family house attached to one or more houses each with a separate entry (for example, a townhouse, duplex, or triplex)
- 03 Mobile home
- 04 Building with 2–4 apartments / condos / studios / rooms
- 05 Building with 5–19 apartments / condos / studios / / rooms
- 06 Building with 20 or more apartments / condos / studios / / rooms
- 07 Boat, RV, Van (or other type of vehicle-based housing)
- 97 Other (please specify)
- 98 I do not know
- 99 I prefer not to answer

OWN Do you own or rent your home?

- 1 Own / Buying (Paying off mortgage)
- 2 Rent7 Other (please specify)
- 8 I do not know
- 9 I prefer not to answer

TEN How many years have you lived at your current residence?

Please enter the number of years. If less than one year, enter “1”.

- 98 I do not know
- 99 I prefer not to answer

PREVADDR [IF TEN < 6] What is the address of your previous residence?

(PREVADDR) Address:

(PREVSUIT) Suite :

(PREVCITY) City:

(PREVSTAT) State:

(PREVZIP) Zip:

PROGRAMMER NOTE: IT IS OK IF THE RESPONDENT ENTERS PARTIAL INFORMATION. THIS INFORMATION IS NOT REQUIRED FOR COMPLETION.

CPLNS Next, we'll ask some questions about the telephones your household uses. [RANGE: 0-15]

How many total cell phone numbers do people in your household have?

Please enter the number of cell phone numbers.

98 I do not know

99 I prefer not to answer

PHLNS Not counting these cell phones numbers, how many home telephone numbers does your household have? This includes only landlines, Internet lines, or those hard-wired to your house. [RANGE: 0-15]

Please enter the number of home telephone numbers.

98 I do not know

99 I prefer not to answer

5.0 Person Roster

HHMEM Now we'll ask you to answer a few questions about each household member, including yourself.

Earlier you said there are <HHSIZ> persons in your household. Let's begin with you.

FNAME

[PROGRAMMER NOTE: IF ONLY 2 PERSONS IN THE HOUSEHOLD ASK: WHAT IS YOUR FIRST NAME? THEN ASK: WHAT IS THE OTHER PERSON'S FIRST NAME?]

What is your name?

What is the name of the next oldest person in your household? [IF RELUCTANT] Initials are okay at this point.

What is the name of the next oldest person? [IF RELUCTANT] Initials are okay at this point.

[PROGRAMMER NOTE: GET NAMES FOR ALL HOUSEHOLD MEMBERS]

LNAME What last name should we use for your household when mailing the materials?

GEND What is <FNAME>'s gender?

1 Male

2 Female

9 I prefer not to answer

RELAT [IF PERNO>1]What is this person's relationship to you?

- 01 Self
- 02 Spouse / Partner
- 03 Child / Daughter / Son / Adopted child / Stepchild / Son-in-law / Daughter-in-law
- 04 Parent / Parent-in-law / Stepparent
- 05 Brother or sister (stepbrother / stepsister)
- 06 Grandparent
- 07 Grandchild
- 08 Other relative (please specify)
- 09 No Relation / housemate / roommate / foster child
- 99 I prefer not to answer

AGE What is [your] [this person's] age? [RANGE: 1-98]

Please enter age. For household members younger than one year, enter "1".

- 998 I do not know
- 999 I prefer not to answer

[PROGRAMMER NOTE: IF <998 SKIP TO HISP]

AGEB We understand your reluctance to provide [your] [this person's] age. However, age is an important factor because as we get older, our travel needs and patterns change. Can you let us know us if [you are] [he / she is] between the ages of 16 and 75?

- 1 Younger than 16 or over 75
- 2 Between 16 and 75 [PROGRAMMER NOTE: TREAT AS ADULT]
- 8 I do not know
- 9 I prefer not to answer

HISP [Are you] [Is this person] of Hispanic, Latino, or Spanish origin?

- 1 Yes
- 2 No
- 8 I do not know
- 9 I prefer not to answer

RACE What is [your] [this person's] ethnicity?

Select all that apply.

- 01 White
- 02 Black or African American
- 03 American Indian or Alaska Native
- 04 Asian (Asian Indian, Japanese, Chinese, Korean, Filipino, Vietnamese)
- 05 Native Hawaiian or Pacific Islander (Guamanian, Samoan, Fijian)
- 97 Other (please specify)
- 98 I do not know
- 99 I prefer not to answer

NTVTY [Were you] [Was this person] born in the United States?

People who were born in other countries where there are other bus or rail train choices have been found to continue to use transit more often. This information is only for transportation planning purposes and will not be shared with any other government agency.

- 1 Yes → LIC
- 2 No
- 8 I do not know
- 9 I prefer not to answer

CNTRY What year did [you] [this person] move to the United States? [RANGE: 1900-2012]

Other studies have found that people who have recently moved to the United States often have different transportation choices; for example, they tend to use buses and trains more often. This information is only for transportation planning purposes and will not be shared with any other government agency.

Please enter year (an approximation is okay): _ _ _ _

- 9998 I do not know
- 9999 I prefer not to answer

LIC [IF AGE >15 AND AGEB<>1] [Do you] [Does this person] have a valid driver's license?

- 1 Yes
- 2 No →TRANS
- 8 I do not know-TRANS
- 9 I prefer not to answer-TRANS

[PROGRAMMER'S NOTE: USER, TRANS, TPTYP, PASSTL, AND FLEX ONLY ASKED IF AGE >15 AND AGEB<>1]

USER [IF AGE>15 AND AGEB <> 1 AND VEHOP>0 AND LIC=1] Which vehicle [do you] [does this person] drive most often?

PROGRAMMER NOTE: RECALL LIST OF REPORTED VEHICLES FROM VEHICLE ROSTER
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- 98 I do not know
- 99 I prefer not to answer

TRANS [Do you] [Does this person] have a transit pass?

- 1 Yes
- 2 No →PASSTL
- 8 I do not know→PASSTL
- 9 I prefer not to answer →PASSTL

TPTYP What types of passes [do you] [does] this person have?

Select all that apply.

- 01 Bay Area Clipper Card →CLIP
- 02 San Diego Compass Card→COMP
- 03 TAP Card or EZ transit Pass→MET
- 04 Other local bus pass
- 05 Other Express / Commuter bus pass
- 06 Other Light Rail / Subway / Train / Streetcar pass
- 07 Dial-a-ride / Paratransit pass
- 08 Ferry / Boat pass

- 97 Other (please specify)
- 98 I do not know
- 99 I prefer not to answer

CLIP [IF TPTYP=1] What type of Clipper Card?

Note: Please select all that apply.

- 01 Cash Value
- 02 AC Transit – Adult 31-day Local Pass
- 03 AC Transit – Adult 31-day Transbay Pass
- 04 AC Transit – Senior/RTC Local Monthly Pass
- 05 AC Transit – Youth 31-day Local Pass
- 06 BART - \$48 High Value Discount
- 07 BART - \$64 High Value Discount Card
- 08 Caltrain – Adult Monthly Pass
- 09 Caltrain – Adult Monthly and Muni Pass
- 10 Caltrain – Adult 8-ride Ticket
- 11 Caltrain – Eligible Discount Monthly Pass
- 12 Caltrain – Eligible Discount 8-ride Ticket
- 13 SF Muni – Adult Muni/BART “A” Fast Pass
- 14 SF Muni - Adult Muni only “M” Monthly Pass
- 15 SF Muni – Adult 10-Ride Book

- 16 SF Muni – Senior Monthly Pass
- 17 SF Muni – Disabled Monthly Pass
- 18 SF Muni – Youth Monthly Pass
- 19 SamTrans – Adult Local Monthly Pass
- 20 SamTrans – Adult Local/SF Monthly Pass
- 21 SamTrans – Adult Express Monthly Pass
- 22 SamTrans – Eligible Discount Monthly Pass
- 23 SamTrans – Youth Monthly Pass
- 24 VTA – Adult Monthly Pass
- 25 VTA – Express Adult Monthly Pass
- 26 VTA – Senior/RTC Monthly Pass
- 27 VTA – Youth Monthly Pass
- 98 I do not know
- 99 I prefer not to answer

COMP [IF TPTYP=2] What type of Compass Card is that?

- 01 Regional Monthly Pass - Adult
- 02 Regional Monthly Pass - Youth
- 03 Regional Monthly Pass – Senior/Disabled/Medicare
- 04 Premium Express Monthly Pass – Adult
- 05 Premium Express Monthly Pass – Youth
- 06 Premium Express Monthly Pass – Senior/Disabled/Medicare
- 07 Coaster 1 Zone Monthly Pass
- 08 Coaster 2 Zone Monthly Pass
- 09 Coaster 3 Zone Monthly Pass
- 10 Coaster Monthly Pass – Youth
- 11 Coaster Monthly Pass – Senior/Disabled/Medicare

12 Sprinter/Breeze Monthly Pass

98 I do not know

99 I prefer not to answer

MET [IF TPTYP=03] What type of TAP Card or EZ transit Pass?

01 30-Day Pass

02 7-Day Pass

03 EZ Transit Pass

04 Freeway Express Stamp

05 TAP Stored Value

98 I do not know

99 I prefer not to answer

PASSTL [Do you] [Does this person] have a toll road, HOT lane, or toll bridge pass or account?

1 Yes

2 No

8 I do not know

9 I prefer not to answer

FLEX [Do you] [Does this person] have a Zipcar, CityCarShare, or other type of car-sharing membership?

1 Yes

2 No

8 I do not know

9 I prefer not to answer

EMPLY [IF AGE > 15 AND AGE <>1] [Are you] [Is this person] employed, either full-time or part-time?

1 Yes → JOBS

2 No

8 I do not know

9 I prefer not to answer

WKSTAT [EMPLY<>1] Which of the following best describes your status?

01 Retired → DISAB

02 Disabled / On Disability Status → DISAB

03 Homemaker → DISAB

04 Unemployed but looking for work → DISAB

05 Unemployed and not looking for work → DISAB

- 06 Student → DISAB
- 07 Volunteer → DISAB
- 97 Other (please specify) → DISAB
- 98 I do not know → INT
- 99 I prefer not to answer → INT

A person's work status helps determine when and where he or she travels. This type of information is important for transportation planning.

INT We ask for this information because we want to make sure that all types of households are represented in this study. We certainly understand your reluctance to provide this information, but you can be assured that your information will be held in the strictest of confidence and used for transportation planning purposes only. If you do not feel comfortable providing this information, we will have to end the survey. If you would like go back and modify your response, please do so now. Thank you!

OK-I would like to provide this information. → WKSTAT

QK-I would like to exit the survey. → TERMINATE

JOBS [IF EMPLY = 1] How many jobs [do you] [does this person] have? [RANGE: 1-5]

Please include all paid positions that [you work] [he / she works] on a regular basis.

Please enter the number of jobs.

- 98 I do not know
- 99 I prefer not to answer

WLOC Next, we will focus on [your] [this person's] primary job. Is [your / this person's] primary work address fixed, is it your home, or does it vary from day to day or week to week?

The primary work address is where [you spend] [this person spends] the most time while working.

- 1 Fixed
- 2 Home → WDAY
- 3 Workplace varies (for example, construction)
- 8 I do not know
- 9 I prefer not to answer

WNAME What is the name of [your] [this person's] primary employer?

Please enter primary employer's name.

We understand if you are reluctant to answer this. If you prefer not to answer, please type 'Prefer not to answer'.

CWADD [IF WLOC <> 2] Do you know the exact street address or only the nearest cross-streets?

- 1 I know the full address

- 2 I know the cross-streets only →WXSTR1
- 8 I do not know the address or the cross-streets-POPUP
- 9 I prefer not to answer-POPUP

WADDR [IF WLOC <> 2] What is the address of this primary job?

[IF WLOC = 3] What is the address of the most recent primary work location?

(WADDR) Street Address:

(WSUIT) Suite :

(WCITY) City:

(WSTAT) State:

(WZIP) Zip Code:

WXSTR1/WXSTR2 [IF WLOC <> 2 AND CWADD<>1] What are the nearest cross-streets to this primary job?

Cross-street 1:

Cross-street 2:

POPUP Please keep in mind that work address information is required in order to participate in the survey. If you do not have this information on hand, that is fine. Please have at least the cross-streets of this work location by the time you enter your travel information the day after your travel day.

Please press 'NEXT' to continue

WDAYS How many days a week [do you] [does this person] typically go to work at this location? [RANGE: 1-7]

Transportation planners want to know when people are most likely to be traveling on the roads or using buses or trains.

Please enter the number of days.

- 8 I do not know
- 9 I prefer not to answer

WDAY What days of the week [do you] [does this person] typically work at this primary job?

Select all that apply.

- 8 Monday - Friday
- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Saturday
- 7 Sunday
- 98 I do not know
- 99 I prefer not to answer

HOURS How many hours per week [do you] [does this person] typically work at this primary job?

Please enter the number of hours.

998 I do not know

999 I prefer not to answer

WSCHED Which of the following statements best describes [your] [this person's] work schedule?

1 I have no flexibility in my work schedule.

2 I have some flexibility in my work schedule.

3 I'm free to adjust my schedule as I like.

8 I do not know → WMODE

9 I prefer not to answer → WMODE

COMPR Does [your] [this person's] primary employer offer alternative work schedule options such as a compressed workweek?

For example, in a compressed workweek, you work 40 hours in fewer than five days.

1 Yes

2 No

8 I do not know

9 I prefer not to answer

WMODE [SKIP IF WLOC=2] How [do you] [does this person] normally get to this primary job? That is, what method of travel is used for the longest distance?

NON-MOTORIZED TRAVEL:

01 Walk

02 Bike

03 Wheelchair / Mobility Scooter

04 Other Non-Motorized (Skateboard, etc.)

PRIVATE VEHICLE:

05 Auto / Van / Truck Driver

06 Auto / Van / Truck Passenger

07 Carpool / Vanpool

08 Motorcycle / Scooter / Moped

PRIVATE TRANSIT:

09 Taxi / Hired Car / Limo

10 Rental Car/Vehicle

11 Private shuttle (SuperShuttle, employer, hotel, etc.)

12 Greyhound Bus

13 Airplane

14 Other Private Transit

PUBLIC TRANSIT:

BUS:

15 Local Bus, Rapid Bus

- 16 Express Bus / Commuter Bus (AC Transbay, Golden Gate Transit, etc.)
- 17 Premium Bus (Metro Orange / Silver Line)
- 18 School Bus
- 19 Public Transit Shuttle (DASH, Emery Go-Round, etc.)
- 20 AirBART / LAX FlyAway
- 21 Dial-a-Ride / ParaTransit (Access Services, etc.)
- 22 Amtrak Bus
- 23 Other Bus

RAIL/SUBWAY:

- 24 BART, Metro Red / Purple Line
- 25 ACE, Amtrak, Caltrain, Coaster, Metrolink
- 26 Metro Blue / Green / Gold Line, Muni Metro, Sacramento Light Rail, San Diego Sprinter / Trolley / Orange/Blue/Green, VTA Light Rail
- 27 Street Car / Cable Car
- 28 Other Rail

FERRY:

- 29 Ferry / Boat

INDUS

[IF EMPLY=1] What type of business or company is [your / his / her] primary job?

ROTATE RESPONSES

- 11 Agriculture, farming, forestry, fishing, hunting
- 21 Mining, quarrying, oil or gas drilling company
- 22 Utility company, sewage treatment facility, utilities in general
- 23 Construction
- 31 Manufacturing, including bakery, food processor, mill, manufacturer, machine shop, medical biotechnology
- 42 Wholesale trade
- 44 Retail trade, including store, shop, dealer (for example, auto dealer)
- 48 Transportation, bus or train company, airline, postal service, warehouse or storage
- 51 Information, including publisher, phone company, movie company, Internet company, library, data processing, computer company
- 52 Finance and insurance, such as bank, insurance company, credit union, finance company
- 53 Real estate company, any rental or leasing company, including auto or video rental
- 54 Professional, scientific or technical services, including law, accounting, design, engineering, consulting, or advertising, firm or company, and veterinary services
- 55 Management of companies and enterprises
- 56 Administrative support, including employment agency, travel agency, security guard company, waste management (trash) company, remediation services
- 61 Educational services, including school, university, training school
- 62 Health care and social assistance, including hospital, doctor's office, assisted living home, day care center
- 71 Arts, entertainment and recreation, including art gallery, museum, theatre, bowling alley, casino

- 72 Accommodation or food services, including hotel, restaurant
- 81 Other services (except public administration), such as auto repair, hair or nail salon, barber shop, funeral home, labor union, Religious Organizations, Civic or Social Organizations
- 92 Public administration, such as government agency, city or county department, military
- 97 Other (please specify)
- 98 I do not know
- 99 I prefer not to answer

OCCUP

[IF EMPLY=1] What kind of work [do you] [does this person] do at this company / business?

ROTATE RESPONSES

- 11 Management occupations, such as president, CEO, manger, director (in all fields)
- 13 Business and financial operations occupations, such as management analyst, research analyst, agent, accountant
- 15 Computer and mathematical occupations, such as computer programmer, web developer, statistician
- 17 Architecture and engineering occupations, such as architect, engineer, drafter, surveyor
- 19 Life, physical, and social science occupations, such as scientist, survey researcher, psychologist, science technician
- 21 Community and social service occupations, such as counselor, clergy, social worker, probation officer
- 23 Legal occupations, such as lawyer, law clerk, paralegal
- 25 Education, training and library occupations, such as teacher, college professor, librarian, teacher assistant
- 27 Arts, design, entertainment, sports and media occupations, such as professional athlete, writer, camera operator
- 29 Health care practitioners and technical occupations, including MD, RN, LVN, dentist, veterinarian, licensed technician, therapist
- 31 Health care support occupations, such as health aide, nursing assistant, massage therapist
- 33 Protective service occupations, such as correctional officer, police officer, firefighter, security guard, crossing guard, security screener, lifeguard
- 35 Food preparation and serving-related occupations, such as cook, waiter / waitress, bartender, food server, dishwasher
- 37 Building and grounds cleaning and maintenance occupations, such as janitor, maid, housekeeper, gardener
- 39 Personal care and service occupations, such as hairdresser, tour guide, childcare worker, card dealer
- 41 Sales and related occupations, such as cashier, sales clerk, sales agent, real estate broker
- 43 Office and administrative support occupations, such as bank teller, office clerk, account clerk, postal service clerk, data entry clerk, secretary, administrative assistant
- 45 Farming, fishing, and forestry occupations, including farmer, field worker, animal trainer / breeder

- 47 Construction and extraction occupations, including electrician, carpenter, painter, construction equipment operator, miner, driller, explosives worker
- 49 Installation, maintenance, and repair occupations, such as repairer, mechanic, equipment installer
- 51 Production occupations such as assembler, baker, machinist, lab technician (medical, dental, and ophthalmic), jeweler
- 53 Transportation and material moving occupations such as bus or taxi driver, truck driver, crane operator, ship loader
- 55 Military specific occupations
- 97 Other (please specify)
- 98 I do not know
- 99 I prefer not to answer

WLOC2 [IF EMPLY=1 AND JOBS>1] Now, please describe [your] [this person's] secondary job. Is [your / his / her] secondary work address fixed, is it your home, or does it vary from day to day or week to week?

The secondary work address is where [you spend] [this person spends] the second most amount of time working.

- 1 Fixed
- 2 Home-WDAYS2
- 3 Workplace varies (for example, construction)
- 8 I do not know
- 9 I prefer not to answer

WNAME2 [ASK IF JOBS>1] What is the name of [your] [this person's] secondary employer?

Please enter secondary employer's name.

We understand if you are reluctant to answer this. If you prefer not to answer, please type 'Prefer not to answer'.

CWADD2 (IF WLOC<>2) Do you know the exact street address or only the nearest cross-streets?

- 1 I know the full address
- 2 I know the cross-streets only →W2XSTR
- 8 I do not know the address or the cross-streets-POPUP2
- 9 I prefer no to answer-POPUP2

WADDR2 [IF WLOC <> 2] What is the address of this secondary job?

[IF WLOC = 3] What is the address of the most recent secondary work location?

(WADDR2) Address:

(WSUIT2) Suite:

(WCITY2) City:

(WSTAT2) State:

(WZIP2) Zip Code

WXTR3/ WXTR4 What are the nearest cross-streets to this secondary job?

Cross-street 1:

Cross-street 2:

POPUP1

Please keep in mind that work address information is required in order to participate in the survey. If you do not have this information on hand, that is fine. Please have at least the cross-streets of this work location by the time you enter your travel information the day after your travel day.

Please press 'NEXT' to continue

WDAYS2

How many days a week [do you] [does this person] typically go to work at this address? [RANGE: 1 - 7]

Please enter the number of days.

8 I do not know

9 I prefer not to answer

DISAB

[Do you] [Does this person] have a temporary or permanent physical condition or disability that makes it difficult to travel outside of the home?

1 Yes

2 No →TTRIP

8 I do not know →TTRIP

9 I prefer not to answer →TTRIP

DTYPE

Which of the following conditions [do you] [does this person] have?

[PROGRAMMER NOTE: ONLY ALLOW UP TO 5 SELECTIONS]

Select all that apply.

1 Hearing impaired / deaf (serious difficulty hearing)

2 Sight impaired / blind (includes serious difficulty seeing even when wearing glasses)

3 [AGE>4 or AGE=DK/RF] Cognitive impaired, such as serious difficulty concentrating, remembering, or making decisions

4 [AGE>4 or AGE=DK/RF] Balance or respiratory impairment, such as difficulty walking or climbing stairs without difficulty

5 [AGE>4 or AGE=DK/RF] Difficulty dressing or bathing

6 [AGE>14 or AGE=DK/RF] Difficulty doing errands alone, such as visiting a doctor's office or shopping

7 Other condition that makes it difficult to travel outside your home

8 I do not know

9 I prefer not to answer

DSLIC

[ASK IF AGE>15 OR IF AGE<1]: [Do you] [Does this person] have a California Disabled Person's License Plate or Placard, or a Disabled Veteran's License Plate?

- 1 Yes
- 2 No
- 8 I do not know
- 9 I prefer not to answer

EDIS [Are you] [Is this person] a registered user of special transit services for the elderly or disabled (Dial-a-Ride)?

- 1 Yes
- 2 No
- 8 I do not know
- 9 I prefer not to answer

TTRIP How many one-way trips (any) using transit did [you] [this person] make in the past week? A round trip counts as two one-way trips.

Please enter the number of one-way trips.

- 98 I do not know
- 99 I prefer not to answer

TRNSUB [IF TTRIP >0] Does [your] [this person's] employer or school pay for all or any part of [your] [this person's] transit fare?

- 1 Yes
- 2 No → WTRIP
- 8 I do not know → WTRIP
- 9 I prefer not to answer → WTRIP

SUBAMT How much do they pay for or subsidize?

[PROGRAMMER: ALLOW TWO DECIMAL PLACES]

Please enter dollar amount: \$ _ _ _ _ . _ _

Format Example: 2.00, 5.00, 20.00

[PROGRAMMER NOTE: ALLOW 2 DECIMAL PLACES]

SUBUNT [IF TTRIPS >0 and TRNSUB=1] And this is . . .

- 1 Per Hour
- 2 Per Day
- 3 Per Week
- 4 Per Month
- 5 Per Semester/Quarter
- 6 Per Year
- Per Trip/Use
- 8 I do not know
- 9 I prefer not to answer

WTRIP In **the past week**, how many times did [you] [this person] take a walk outside, including walking the dog and walks for exercise? [RANGE: 0-50]

Please enter the number of walks taken in the past week.

98 I do not know

99 I prefer not to answer

BTRIP IF(HHBIC>0)In the past week, how many times did [you] [this person] ride a bicycle outside, including bicycling for exercise? [RANGE: 0-50]

Please enter the number of bicycle rides taken in the past week.

98 I do not know

99 I prefer not to answer

STUDENT/EDUCATION

STUDE [Are you] [Is he / she] currently enrolled in any type of school, including daycare, technical school, or university?

1 Yes, full-time

2 Yes, part-time

3 No →EDUCA

8 I do not know →EDUCA

9 I prefer not to answer →EDUCA

SCHOL What school grade or level [do you] [does this person] attend?

[PROGRAMMER NOTE: IF SCHOL=1, 2, 3, or 4 →AUTOFILL EDUCA=1]

01 Daycare → SNAME (→EDUCA=1)

02 Nursery school, preschool (→EDUCA=1)

03 Kindergarten to grade 8(→EDUCA=1)

04 Grades 9 to 12 (→EDUCA=1)

05 Technical / Vocational school

06 2-year college (community college)

07 4-year college or university

08 Graduate school / Professional

97 Other (please specify)

98 I do not know

99 I prefer not to answer

SLOC [IF SCHOL=2, 3, or 4] And [are you] [is he / she] home schooled?

1 Yes

2 No

8 I do not know

9 I prefer not to answer

SONLN [IF SCHOL=5, 6, 7, or 8] Please chose which of the following best describes where you attend school:

1 On campus only

2 Online only

- 3 Both on campus and online
- 8 I do not know
- 9 I prefer not to answer

SNAME [(IF STUDE=1 OR 2) AND (SLOC<>1 OR SONLN <>2)] What is the name of [your / his / her] school?

Please enter the school's name.

CSADD [(IF STUDE=1 OR 2) AND (SLOC<>1 OR SONLN <>2)] What is the address of [your / his / her] school?

- 1 I know the full address → SADDR
- 2 I know the cross-streets only
- 8 I do not know-POPUP3
- 9 I prefer not to answer-POPUP3

SXST1/ SXST2 [(IF STUDE=1 OR 2) AND (SLOC<>1 OR SONLN <>2) AND CSADD=2] What are the nearest cross-streets of this school?

Cross-street 1:

Cross-street 2:

SADDR [(IF STUDE=1 OR 2) AND (SLOC<>1 OR SONLN <>2) AND CSADD=1] Please enter the address of this school.

(SADDR)Address:

(SSUIT)Suite:

(SCITY)City:

(SSTAT)State:

(SZIP)Zip Code:

PRESCH [IF SCHOL = 1]

Is this location a...

- 1 Home of a relative / family member
- 2 Home of a friend
- 3 Private daycare center
- 7 Other (please specify)
- 8 I do not know
- 9 I prefer not to answer

SMODE [(IF STUDE = 1 OR 2) AND (IF SLOC<>1 OR SONLN<>2)]

How [do you] [does this person] normally get to school? That is, what method of travel is used for most of the distance?

NON-MOTORIZED TRAVEL:

- 01 Walk
- 02 Bike
- 03 Wheelchair / Mobility Scooter
- 04 Other Non-Motorized (Skateboard, etc.)

PRIVATE VEHICLE:

- 05 Auto / Van / Truck Driver
- 06 Auto / Van / Truck Passenger
- 07 Carpool / Vanpool
- 08 Motorcycle / Scooter / Moped

PRIVATE TRANSIT:

- 09 Taxi / Hired Car / Limo
- 10 Rental Car/Vehicle
- 11 Private shuttle (SuperShuttle, employer, hotel, etc.)
- 12 Greyhound Bus
- 13 Airplane
- 14 Other Private Transit

PUBLIC TRANSIT:

BUS:

- 15 Local Bus, Rapid Bus
- 16 Express Bus / Commuter Bus (AC Transbay, Golden Gate Transit, etc.)
- 17 Premium Bus (Metro Orange / Silver Line)
- 18 School Bus
- 19 Public Transit Shuttle (DASH, Emery Go-Round, etc.)
- 20 AirBART / LAX FlyAway
- 21 Dial-a-Ride / ParaTransit (Access Services, etc.)
- 22 Amtrak Bus

Other Bus RAIL/SUBWAY:

- 24 BART, Metro Red / Purple Line
- 25 ACE, Amtrak, Caltrain, Coaster, Metrolink
- 26 Metro Blue / Green / Gold Line, Muni Metro, Sacramento Light Rail, San Diego Sprinter / Trolley / Orange/Blue/Green, VTA Light Rail
- 27 Street Car / Cable Car
- 28 Other Rail

FERRY:

- 29 Ferry / Boat

EDUCA (5.52) What is the highest degree or level of school [you have] [this person has] completed?

- 1 Not a high school graduate, grade 12 or less (this also includes very young children)
- 2 High school graduate (high school diploma or GED)
- 3 Some college credit but no degree
- 4 Associate or technical school degree
- 5 Bachelor's or undergraduate degree
- 6 Graduate degree (includes professional degree like MD, DDS, JD)
- 7 Other (please specify)
- 8 I do not know
- 9 I prefer not to answer

AFTER THE PERSON ROSTER IS COMPLETE

HPFLAG CALCULATED VARIABLE

HPFLAG = YES IF AND HISP =1
HPFLAG = NO OTHERWISE

6.0 Finalizing Recruitment

INCA-INCOM Household income not only allows us to verify that we are including all types of households across the state, but it also has been found to be related to the types of trips households typically make. With this in mind, please identify which category represents your total household income (total incomes for all persons living in the household) for last year.

- 1 \$0 to \$9,999
- 2 \$10,000 to \$24,999
- 3 \$25,000 to \$34,999
- 4 \$35,000 to \$49,999
- 5 \$50,000 to \$74,999
- 6 \$75,000 to \$99,999
- 7 \$100,000 to \$149,999
- 8 \$150,000 to \$199,999
- 9 \$200,000 to \$249,999
- 10 \$250,000 or more
- 98 I do not know
- 99 I prefer not to answer

WRGPS [IF GFLAG=1 AND IF AAGE2=1: Your household is qualified to participate in a GPS portion of this study. We are asking you and everyone in the household who is between the ages of 16 and 75 to wear a GPS device for three days in a row, starting on your assigned travel day. The GPS device allows us to collect information about not only where people travel, but also the actual path they take, which is useful for transportation planning.

To show our appreciation for your time and effort, we are offering each person who uses a GPS device \$25. To receive this payment, we ask that you use and return all GPS devices, and have all household members report their Travel Diary information (either online, by phone, or by mailing back your completed travel diaries).

We will ask you to wear or carry your GPS devices with you when you travel. The devices are small and easy to carry (you can clip them onto your belt, backpack, or purse). The devices collect details about the travel routes you take during your travel days. It is important to the study that households like yours participate.

- 1 Yes → CONTINUE
- 2 No → CWRGPS

CWRGPS Your household may still participate in the study by providing travel information in the diaries we will send you, but because you are electing not to participate in the GPS portion of the study, we will not be able to send you the incentive amount of \$<INAMT>.

Is this okay with you?

- 1 Cancel GPS portion and continue as diary only household-WRGP1
- 2 Agree to participate in GPS portion-CATSI

3 Refuse to continue survey-INT20

WRGP1 [IF WRGPS=2] SET GTYPE = 3 AND CONTINUE AS NON-GPS

VHGPS [IF GFLAG=2 AND VEHOP>0]: Your household is qualified to participate in a GPS portion of this study. We will send a GPS device for each working vehicle and ask you to use the devices in each vehicle for seven days in a row, starting on your assigned travel day. The GPS device allows us to collect information about not only where people travel, but also the actual path they take, which is useful for transportation planning.

To show our appreciation for your time and effort, we are offering \$25 for each GPS device used and returned. To receive this payment, we ask that you use the GPS devices in all household vehicle for seven days, return the devices, and then report your household's Travel Diary information (either online, by phone, or by mailing back your completed travel diaries).

This means that your household will receive <INAMT> if you use and return all GPS devices sent to your household and provide valid travel diary information.

The devices are small and easy to place in your vehicle. They collect details of your travel routes during your travel days. It is important to the study that households like yours participate.

- 1 Yes → Continue
- 2 No → CVHGPSVHGP1

CVHGPS Your household may still participate in the study by providing travel information in the diaries we will send you, but because you are electing not to participate in the GPS portion of the study, we will not be able to send you the incentive amount of \$<INAMT>.

Is this okay with you?

- 1 Cancel GPS portion and continue as diary only household-VHGP1
- 2 Agree to participate in GPS portion-CATSI
- 3 Refuse to continue survey-INT20

VHGP1 [IF VHGPS=2] SET GTYPE = 3 AND CONTINUE AS NON-GPS

VOBD [IF GFLAG=3 AND VEHOP>0]: Your household is qualified to participate in a GPS portion of this study. We will send GPS devices and engine sensors for each working vehicle. We ask you to use these devices in each vehicle for seven days in a row, starting on your assigned travel day. These devices will allow us to collect information not only about where people travel, but also about how the vehicle itself is performing, which is useful for transportation planning, as well as fuel use and air quality research.

In appreciation of your time and effort, we are offering \$40 for each set of GPS and engine sensors used and returned. To receive this payment, we ask that you equip each working vehicle in your household with these devices for seven days, return the devices, and then report your household's Travel Diary information (either online, by phone, or by mailing back your completed travel diaries).

The devices are small and easy to place in your vehicle. They collect details of your travel routes and vehicle performance during your travel days. It is important to the study that households like yours participate.

The engine sensor will collect data about your vehicle that is not captured by the GPS devices. Most of this information is related to engine performance. This information will help the California Department of Transportation and your local transportation planning agencies better understand the relationship between travel and air quality in your area. Remember that any information we collect is used only for research purposes.

- 1 Yes → Continue
- 2 No → CVOBD

CVOBD Your household may still participate in the study by providing travel information in the diaries we will send you, but because you are electing not to participate in the GPS portion of the study, we will not be able to send you the incentive amount of \$<INAMT>.

Is this okay with you?

- 1 Cancel GPS portion and continue as diary only household-VOBDGP1
- 2 Agree to participate in GPS portion-CATSI
- 3 Refuse to continue survey-INT20

VOBDGP1 [IF OBD=2] SET GTYPE = 3 AND CONTINUE AS NON-GPS

INT20 These are all the questions we have for you today. We appreciate your cooperation with this important project and we may be contacting you soon to set up a travel day for you and your family.

Thanks very much. Have a good afternoon/evening.

Please press 'Next' to exit survey.

7.0 Household Roster, Part 2

IF CATSI1 (1.4) <> 2 "INTERNET," SKIP TO ASSN (7.1)

CATSI After your travel day, we will ask you to report details about the places you visited. Would you prefer to report them by telephone interview or via the website?

1-Telephone Interview

2-Web Interview

3-Mailback

WEBRC [If CATSI=2] We are glad you decided to participate in the survey using our project website. Here are a few details about participating in the survey.

The purpose of this study is to understand how, why, and when people travel. This information will help transportation planners improve car, bus, and train travel options, as well as air quality.

After you have completed this first part of the survey process, we will mail travel diaries for each household member to record your travel and activities on your assigned travel day. We will also ask one member of your household to complete a Long-Distance Travel Log to record all long-distance trips, those of 50-miles or more, made by any household member in the eight-weeks before your assigned travel day. Once you have completed your travel diaries and log, you can provide your travel information online, by phone, or by mailing back the completed travel diaries and log.

The project website is www.catravelssurvey.com. You can use the same PIN to report your travel details online.

LONGD [If CATSI=1 or 3] We will mail travel diaries for each household member to record your travel and activities on your assigned travel day. We will also ask one member of your household to complete a Long-Distance Travel Log to record all long-distance trips, those of 50-miles or more, made by any household member in the eight-weeks before your assigned travel day.

INCT3 [IF GTYPE > 1] If you choose to provide your travel information, we will send you a check for \$[INAMT] in appreciation of your time and participation.

CASSN [IF GTYPE=1] Thank you for agreeing to participate in this study. As mentioned earlier, understanding your household's travel and activities is important for improving transportation in your area.

We will send a GPS device for each [household member between the ages of 16 and 75] [household vehicle] and ask that you [wear] [use] the device for [three] [seven] consecutive days, starting on <DAY AND DATE>. We will also send a Travel Diary for each member of your household to record their travel and activities on <DAY AND DATE>.

1 Continue

[IF GTYPE>1] Understanding your household's travel and activities is important for improving transportation in your area. We will mail travel diaries for each household member to record your travel and activities on <ASSN>.

RYAN-BOTH OF THESE SCREENS WILL BE PUT ONTO 1 SCREEN NAMED CASSN.

INCT1 [IF GTYPE<1 AND INCEN=1] We are offering \$<INAMT> in appreciation of your efforts, but only if EVERYONE in your household completes a Travel Diary and reports their travel information by <ASSN + 10 days>. Once all travel information is complete and confirmed for EVERYONE in your household, we will mail you a check (please allow 8–10 weeks).

INCT2 [IF GTYPE<2] We are offering \$<INAMT> in appreciation of your efforts, but only if all GPS devices are used and returned as instructed, EVERYONE completes a Travel Diary, and EVERYONE reports their travel information by <ASSN + 10 days>. Once all GPS devices are returned and all travel information is complete

and confirmed for EVERYONE in your household, we will mail you a check (please allow 8–10 weeks).

CMADD

In order to mail the survey materials to you, we need to confirm your mailing address.

[IF GTYPE=1 and GFLAG=1] The travel diaries and the GPS devices will be shipped to you within the next week. Use the travel diary on [ASSN] and the GPS devices from [ASSN] until [ASSN+3]. You can return the GPS devices when done using the FEDEX return envelope provided with the equipment.

[IF GTYPE=1 and GFLAG=2] The travel diaries and the GPS devices will be shipped to you within the next week. Use the travel diary on [ASSN] and the GPS devices from [ASSN] until [ASSN+7]. You can return the GPS devices when done using the FEDEX return envelope provided with the equipment.

Please provide the address of the best place to deliver these items to you.

Post office boxes are not valid shipping addresses for FedEx.

(MADDR) Street Address:

(MSUIT) Suite:

(MCITY) City:

(MSTAT) State:

(MZIP) Zip:

[IF GTYPE>1] The travel diaries will be shipped to you within the next week. After your travel day, you can return the diaries by using the return envelope provided in the packet.

Is this the best address that we can mail you your diaries?

(MADDR) Street Address:

(MSUIT) Suite:

(MCITY) City:

(MSTAT) State:

(MZIP) Zip:

Is this correct?

HHNME

To whom should we address the envelope?

PROGRAMMING NOTE: IMPORT FNAME AND LNAME COLLECTED EARLIER AND CONFIRM LISTED NAME. IF NULL OR INCORRECT COLLECT NEW.

FIRST NAME(RESPPF): _____ LAST NAME(RESPL): _____

REMNI Please note that you will be contacted on the day before your travel day to remind you about your travel day and to provide you with additional instructions about participating. Would you prefer to be contacted by phone, text message, or email?

- 1 Phone
- 2 Text message → RMTXT
- 3 Email → RMEML

RMPHN What phone number should we use for reminder messages?

Please enter phone number. → CBACK

RMTXT What cell phone number should we use to send reminder text messages?

Please enter cell phone number. → CBACK

RMEML What email address should we use to send reminder email messages?

Please enter email address.

CBACK When we call to collect your travel information after your travel day, we will not ask to speak with anyone younger than 16 years old, but we would like to ask about his or her travel. Who would be the best person to give that information?

THANK This concludes the first part of the California Household Travel Survey. Thank you for taking the time today to complete this survey. We appreciate your willingness to provide the details that will help improve transportation options and air quality in California.

You should be receiving your travel diaries soon. Please tell the other members of your household how important their participation is for the success of this study.

If you have any questions or comments, call our toll-free survey hotline at 1-877-261-4621 to speak with a survey representative. Thank you and have a great day!